VENDOR INFORMATION FORM PLEASE PRINT



Company Name			Principal/ Owner				
Address		City	State	Zip			
Phone	e	Fax	En	pail	Website		
Please	indicate the nature of your	business.	Check all that apply.				
Please	Banking Building Trade Catering Data Communications Decorations Entertainment Event Planning Florist provide a brief description	o of your a	Graphic Design Insurance Office Equipment/Supplies Printing Services Production Public Relations Security Souvenirs ompany's services.		Telecommunications Temp Staffing Transportation Venue Other Union (please specify):		
Please	indicate your certification(s). To be i	included in the vendor directory, o	ertification fr	rom one of these programs is required.		
	Center for Women & Enterprise National Minority Supplier Develop New England Minority Supplier De		pment Council State Office of Ma		Business Enterprise Iinority and Women Business Assistance ss Enterprise National Council		
Please	list two customer reference	s.					
Name			Company		Phone		
Name			Сотрапу		Phone		

Please mail this form and a copy of your certification(s) to:

Boston 2004, Inc. Three Copley Place, Suite 501 Boston, MA 02116

Businesses will **not** be accepted without appropriately documented certification.